

Vascular Access Coordinator



Meghan Mencer, RN
Vascular Access Coordinator

Meghan coordinates our patients' care by working with you, your Nephrologist, and Dialysis Center to address any questions or concerns.

Specialized Care That's Easier for You

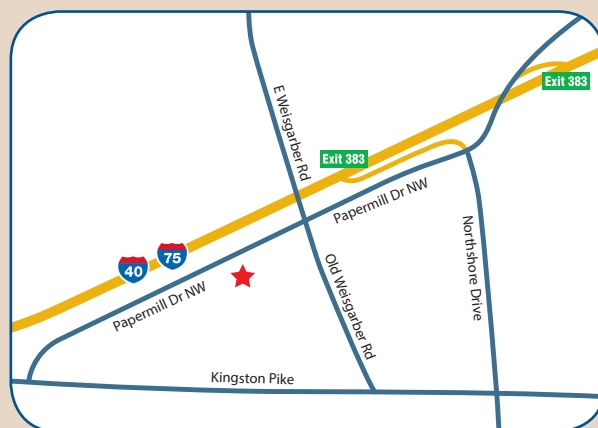
- Vascular surgeon available on-site Monday through Friday
- Specialized staff dedicated 100% to patients with kidney disease
- Same-day referrals and convenient scheduling – back home the same day
- Convenient parking just outside our office – no garages or stairs
- Comfortable office setting – no ER waiting rooms, no hospital stay

Important Reminders

- Feel the thrill (vibration) in your access and call if there are any changes.
- Do not wear tight clothing or jewelry on access arm.
- Do not carry heavy items or put pressure on access arm.
- Call if symptoms develop: numbness, swelling or cold.
- No blood pressure or routine labs allowed on access arm.
- Ask dialysis team to rotate needle sites in access.
- Call if there are any signs of infection.
- Wash your hands frequently and keep access clean.

PREMIER Surgical

Vascular Access Center



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*Healthy, ongoing care
that's easier for you*



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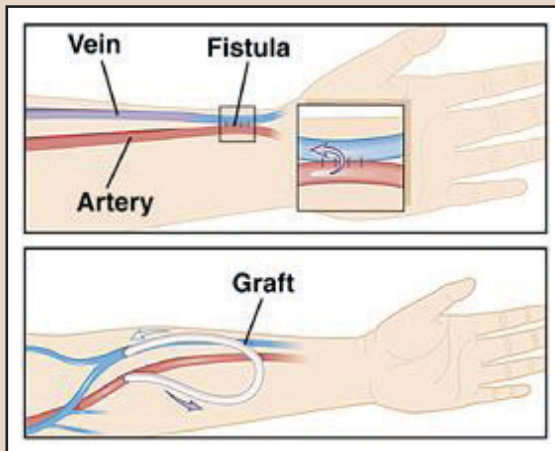
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The Premier Vascular Access Center offers comprehensive on-site diagnostic and educational services to patient with vascular access needs due to chronic kidney disease, cancer, or other issues.

Choosing Your Vascular Access

Vascular access is an important passageway to your bloodstream used for dialysis treatment. A correctly functioning access will allow you to get the full benefit of dialysis.

There are two types of permanent dialysis access. Both have the same goal: to make it easier to reach your blood vessels for dialysis.



- **Arterial Venous Fistula (AVF):** A fistula is made by joining an artery to a vein. This is the most common choice, because studies show it will last longer and has a lower rate of infection.
- **Arterial Venous Graft (AVG):** A graft is like a fistula because it joins a vein and an artery together. The difference is that a graft uses a tube to connect the artery to the vein. A graft may be used if your blood vessels are not suitable for creating a fistula.

Our team will recommend and provide the vascular access best suited for you.



Maintaining Your Vascular Access

Proper maintenance is essential for healthy fistula or graft access. Please notify us immediately if you notice any of the following symptoms:

- Cold, numb or painful hand or fingers
- Swollen arm or hand
- A change in the thrill (vibration) of your fistula or graft access
- High venous pressure during dialysis
- Prolonged bleeding after dialysis

Testing Your Vascular Access

Different types of testing may be necessary for the placement and preservation of your vascular access.

Doppler is a painless exam to check the blood flow in the arteries of your arms and fingers.

Duplex/Ultrasound is a painless ultrasound exam to evaluate your fistula or graft access and identify any potential problems.

Venogram/Fistulogram is a minimally invasive x-ray procedure in which we inject dye to better visualize the flow through your access. If these are seen, or if you develop a blood clot, we can perform interventions described in the next section during your fistulogram.

Ensuring Performance of Your Vascular Access

Additional procedures are often needed throughout the life of your fistula or graft to keep it open and running properly. Blood clots, access narrowing, and aneurysms can reduce the blood flow through your access. These problems can often be corrected during a fistulogram.

Angioplasty/Ballooning: If there is a narrowed or blocked area within your access the physician threads a balloon-tipped catheter to the site of narrowing and inflates the balloon to open the blocked or narrowed passage.

Stenting: If ballooning did not fix the problem, a stent which is a hollow tube, is placed inside of the access to hold it open.

Dec clotting: To dissolve a clot, medication is injected directly into your access, then a fistulogram is performed.

Coiling: Sometimes the vein used to create your access has other vessels "branching" off it, stealing blood from your fistula, keeping it from maturing and providing good dialysis. A coil can stop blood flow into that branch, keeping it within your access.

Ligation of Branches: When a branch is too large to coil, the physician will tie off these branches to route the blood flow through your fistula. A small incision is used to give the physician access to the area that needs to be tied off.